Received by: _____

Fwd. to: _____

Date: _____

122 Fernandez St., Laguna Vista, TX 78578
Office: 956-943-1793 | Fax: 956-943-3111 | Email: info@lvtexas.us

OPEN RECORDS REQUEST FORM

I the undersigned hereby formally request from the Town of Laguna Vista, Texas, the following items of public information. I hereby comply with any restrictions, covenants, and codicils of the Government code Chapter 552, Open Records Act.

1. State information you are requesting including dates: (information must be specific including dates, case numbers, and person's name):

Item a): _____

Item b): _____

Item c): _____

2. Department: _____

3. I am requesting: Electronic (Email) ☐ | Copies ($.10 ea.) ☐ | Mail (Postage Cost) ☐

_____ _____
Print Name Email

_____ _____
Mailing Address City/Zip Code

_____ _____
Phone Date of Request

I understand that a 50% Deposit may be required based on the anticipated costs associated with retrieving the records I have requested. I also understand that if a deposit was required and I fail to pick-up the requested records within 10 days of notification, my Deposit will be applied to the actual costs. Any remaining balance must be paid before release of the records. I further understand that my request for an Open Record is also an Open Record itself. Any request for additional information/copies will require another Open Records Request Form to be filled out and another 50% Deposit may be required. In making this request I understand that the city is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination, by the Texas Attorney General prior to release. I further understand that the city has 10 business days after the date of this request in which to request such a determination.

----------OFFICE USE ONLY----------

Dept: _____ Date: _____ Request Completed By: _____